



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

May 10, 2019

Ms. Erin Barry-Fenton, Manager  
Loretto Home  
59 Meadow Street  
Rutland, VT 05701-3994

Dear Ms. Barry-Fenton:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 18, 2019**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN  
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0138	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 04/18/2019
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NAME OF PROVIDER OR SUPPLIER  LORETTO HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 59 MEADOW STREET RUTLAND, VT 05701
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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R100 Initial Comments:

R100

The Division of Licensing and Protection conducted an onsite investigation of a complaint on 4/10/19. The investigation was completed on 4/18/19. Regulatory violations were cited as a result.

*Please see attached copy*

R126  
SS=D

V. RESIDENT CARE AND HOME SERVICES

R126

5.5 General Care

5.5.a Upon a resident's admission to a residential care home, necessary services shall be provided or arranged to meet the resident's personal, psychosocial, nursing and medical care needs.

This REQUIREMENT is not met as evidenced by:

Based on staff interview and record review, the facility failed to ensure 1 applicable resident (Resident # 1) received necessary services to meet the resident's nursing and medical care needs. Findings include:

Per review of facility documentation and confirmed by staff interview, Resident # 1 was administered the wrong medication on 3/31/19, subsequently fell, and was not assessed by a nurse in a timely manner. Resident # 1 has a diagnosis of seizure disorder and has a physician's order for Phenobarbital (an anti-seizure medication) 16.2 milligrams (mg) 4 tabs by mouth twice daily. On 3/31/19 at approximately 8:00 PM, Resident # 1 was administered Ativan (an anti-anxiety medication) 0.5 mg 4 tabs by mouth instead of the

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DATE FORM

6899

4W6X11

If continuation sheet 1 of 3

*R126 - R162 PDC accepted 5/8/19 R Tremblay RN/PMU*

Division of Licensing and Protection

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NAME OF PROVIDER OR SUPPLIER

LORETTO HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

59 MEADOW STREET  
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R126	Continued From page 1  Phenobarbital. The Ativan belonged to Resident #2. On 4/1/19 at approximately 5:00 AM, Resident # 1 fell out of bed. Per interview with the facility nurse on 4/10/19 at 11:46 AM, the nurse confirmed that Resident # 1 was not assessed by a nurse until 2:15 PM on 4/1/19. This is 18 hours after the medication error and 9 hours after the fall. The facility nurse also confirmed that there is no evidence that the Resident's physician or family was notified about the fall as per facility protocol.	R126		
R162 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.c. Staff will not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's written, signed order and supporting diagnosis or problem statement in the resident's record.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that 1 applicable resident (Resident #1) did not receive medication for which there was not a physician's order. Findings include:  Per review of facility documentation and confirmed by staff interview, Resident # 1 was administered the wrong medication. Resident # 1 has a diagnosis of seizure disorder and has a physician's order for Phenobarbital (an anti-seizure medication) 16.2 milligrams (mg) 4 tabs by mouth twice daily. On 3/31/19 at approximately 8:00 PM, Resident # 1 was	R162		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LORETTO HOME

59 MEADOW STREET  
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R162	Continued From page 2  administered Ativan (an ant-anxiety medication) 0.5 mg 4 tabs by mouth instead of the Phenobarbital. The Ativan belonged to Resident #2. This is confirmed by written statements by the Medication Technician who administered the medication and by interview with the facility Administrator at 2:15 PM on 4/10/19.	R162		

Plan of Correction Loretto Home Residence for complaint investigation April 18, 2019

R126 V. Resident Care and Home Services

What action will you take to correct the deficiency?

DON will re-educate staff about facility protocol for falls and notifying physician and family. RN will also re-educate all nursing staff about timeliness of nursing assessment after a resident fall.

What measure will be put into place or systemic changes you will make to ensure that the deficient practice does not occur?

Administrator will oversee that education. All nursing staff will read and sign off on the fall policy. Education will be completed by 5/22/2019.

R162 V. Resident Care and Home Services

What action will you take to correct the deficiency?

DON will re-educate staff importance of following the medication management policy.

DON will re-educate med techs on proper med administration procedures. Including the five rights. DON will observe each med tech med pass to ensure competency complete by 5/22/19. DON will also audit MARS weekly. DON will re-check med pass competency one month later 6/22/19.

What measure will be put into place or systemic changes you will make to ensure that the deficient practice does not occur?

Administrator will see that re-education occurs. All nursing staff will read and sign off on policy. Education will be completed by 5/22/19.

DON will conduct weekly audits of MAR and will re-educate and check Med Tech med pass competency. First competency check will be 5/22/19 second check 6/22/19.